Liorier ton Pa	nerwork Reduction Act of 1	995, no person are required to	U.S. Patent respond to a collection	and Trademation of informati	erk Office; U.S. DEP.	ARTMENT C	F COMMERCE control number	
	respond to a collection of information unless it displays a valid OMB control number Complete if Known							
Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Application Number		10/590,300-Conf. #7179			
			Filing Date June 21, 2007					
			First Named Inventor Eri		Eric Fossel			
For FY 2009			Examiner Name I. Y. Treys		. Y. Treyger			
X Applicant claims small entity status, See 37 CFR 1.27			Art Unit 3761					
TOTAL AMOUNT OF PAYMENT (\$) 760.00			Attorney Docket No. \$1509.70037U			S01		
METHOD OF	PAYMENT (check a	il that apply)			-			
Check	X Credit Card	Money Order No	ne Other (please identify	y):			
X Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the	above-identified depos	sit account, the Director i	s hereby authorize	ed to: (chec	k all that apply)			
	narge fee(s) indicated			e fee(s) ind	licated below, ex	cept for th	10 filing fee	
x ci	narge any additional fe e(s) under 37 CFR 1.1	e(s) or underpayments of 6 and 1.17	f x Credit	any overpa	ayments			
FEE CALCUI	_ATION							
1. BASIC FILIN	G, SEARCH, AND EX							
	FIL		ARCH FEES	EXAMIN	IATION FEES			
Application Ty	pe Fee (\$)	Small Entity Fee (S) Fee (S	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)	
Utility	330	165 540		220	110			
Design	220	110 100	50	140	70			
Plant	220	110 330	165	170	85			
Reissue	330	165 540	270	650	325			
Provisional	220	110 0	0	0	0			
2. EXCESS CLA	AIM FEES						Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple depend						390	195	
Total Claims Extra Claims Fee (\$) Fe			ee Paid (\$) Multiple Dependent Clair					
	ber of total claims paid for,	X =		Fe	e (\$) F	ee Paid (\$	4	
Indep. Claims	Extra Claims	-	ee Paid (\$)				_	
	3 or HP =	× =						
HP = highest num	ber of independent claims	seld for, if greater than 3.						
listings und	tion and drawings ex ler 37 CFR 1.52(e)), t	peed 100 sheets of paper the application size fee d 5 U.S.C. 41(a)(1)(G) and	ue is \$270 (\$135 i	onically fil for small er	led sequence or ontity) for each ad	computer ditional 50	D	
Total Sheet		Number of each	(round up to a who			Feel	Paid (\$)	
4. OTHER FEE					· — `	Fees	Paid (\$)	
Non-Fnglish	Specification \$130	fee (no small entity dis-	count)					
Other (e.g., 1	ate filing surcharge):	2253 3 M Extension 1	or response (les	s 1 month	already paid)		90.00	
(-184)		2401 Notice of appea	1			27	0.00	
SUBMITTED BY								
Signature	210		Registration No. (Attorney/Agent)	52,728	Telephone	617.646	.8000	
Name (Print/Type)	Tanl Chen, Sc.D.		To manual y dated		Date May	13,2	009	
						-, -	/	

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Anaela Martin								